

Rep Howard
Rep Smith

EXHIBIT 3
DATE 4/5/13
SB 395

SB 395 A bill to expand Medicaid and improve health care delivery. Sponsor: Senator David Wazenried
Hearing in House Health and Human Services Committee

Speaking in support of SB 395. I take care of Medicaid patients and I care of all my patients equally regardless of their insurance or lack thereof. There are those who would say that Medicaid is bad medicine and that we need reform, not expansion. The Montana Medical Association agrees with reform and also supports using federal dollars to help patients purchase private insurance, which would ideally allow for a sliding scale premium as well as co-pay. The nice thing about using these monies for private insurance is that as the patients move through the different income levels, they could keep the same insurance, even when they are capable of paying 100% of the premiums on their own. It a possible step toward personal health insurance that doesn't tie your health care to your job.

The working poor, the population for which we are hoping to help with this bill, tend to be fairly healthy at baseline, which is why they can't justify buying health insurance for several hundred dollars a month when they are just getting by. These are the mostly young adults, Montanans who are just out of their parent's house and trying to get on their feet. They need a hand up, a safety net, but likely won't need help for long. They often don't have insurance because they are working two or three part-time jobs to make ends meet and don't have employer sponsored insurance. Sadly this is also the population that ends up going into debt over medical bills. My sister was one such person. When she was 20, she was working two part-time jobs and going to nursing school part time. She became acutely ill and was hospitalized with a kidney infection that required three days of hospitalization and then expensive medication for a week after that. She didn't go to the doctor when her symptoms first started because she didn't have insurance and she thought she'd just get better. This fairly common illness left her with medical debt that took several years to pay off. She's since gone on to become a successful research nurse who works on clinical trials and she's also a taxpaying member of society. But at the time she was working to make that success possible, her medical bills were daunting. People like my sister are the ones we will help with this bill.

One issue I'd like to clarify is that what used to be called "charity care" is now called "uncompensated care". Let me explain. Charity implies that we make a choice to be charitable with our time and expertise. Physicians used to provide a lot of charity care and those that did so did it with willing hearts, knowing that some patients couldn't pay. In 1986 a federal law went into effect when Congress enacted the Emergency Medical Treatment and Labor Act (EMTALA) to ensure public access to emergency services regardless of ability to pay. Since then, if a hospital participates in Medicare, then that hospital is obligated to provide a medical screening exam or treatment for an emergency medical condition, regardless of the patient's ability to pay. Hospitals are then required to provide stabilizing treatment for those emergency conditions. This is no longer charity, it's a government requirement. And it follows that if society (government) has made a rule that hospitals and physicians are required to treat all comers then society must compensate them for that care. We can afford to give away some of our time and talent but when it's demanded of us then it must be compensated. The Affordable Care Act significantly decreases the money paid to hospitals for the uncompensated care because the idea is that patients will have insurance (via exchanges or new vehicles such as those in this bill) to cover the cost of that care. If we don't use these federal dollars allotted to us per the Affordable Care Act, we lose three times: decreased reimbursement for uncompensated care, working poor still needing care under a law that requires it so the costs are still there, and taxpayers paying money into a system that won't be realized in our state.

On behalf of the Montana Medical Association, I'd urge your support for SB 395.

Excuse me